



# Delaware State Activity Report

2023



#### 2023 Year In Review

#### **Premium and Payroll**

- 5 Pennsylvania Market Share
- 6 Workers Compensation Premium
- 7 Top 20 Carrier Groups
- 8 Premium Demographics
- 9 Top 10 Classes by Payroll
- 10 Top 10 Classes by Premium

#### **Pricing Programs**

- 12 Premium Adjustment Programs
- 13 Schedule Rating Adjustments
- 14 Insurance Carrier Pricing

#### **Claims**

- 16 Claims Counts & Losses
- 17 Injury Group Distribution
- 18 Injury Description Distribution
- 19 Top 10 Nature & Cause of Injury
- 20 Claim Closure Rates
- 21 Mega Claim Overview

#### **Indemnity Data**

- 23 Gender Statistics
- 24 Age of Injured Worker

#### **Indemnity Data(Continued)**

- 25 Characteristics of Injured Workers
- 26 Injured Workers Wages and Benefit Levels
- 27 Characteristics of Accidents
- 28 Duration of Indemnity Claims

#### **Medical Data**

- 30 Medical Cost Breakdown
- 31 Medical Services Breakdown
- 32 Medical Visits Per Claim
- 33 Prescription Drug Dispensing
- 34 Prescription Drugs
- 35 Therapeutic Classifications
- 36 Prescribing Patterns
- 37 Top 30 Drugs
- 38 Medical Payments by Category
- 39 Medical Payments for Mental Health Claims
- 40 Medical Payments for Telemedicine

#### **Loss Cost Filing Information**

- 42 Components of 2023 indication
- 43 Indemnity/Medical Splits
- 44 History of Loss Cost Changes
- 45 Trends in Average Cost
- 46 Frequency Trend

## **2023 Year in Review**

| Operational   | Data<br>Collection   | Filing &<br>Industry<br>Results   | DCRB<br>News   | PCRB Staff<br>Accomplishments   |
|---|--|---|--|---|
| <ul> <li>42 Employer Surveys</li> <li>530 Classification Inquiries</li> <li>727 Delaware Insurance Plan Applications</li> <li>195 DCCPAP Credits</li> <li>1,013 Workplace Safety Credits</li> <li>5,609 E-mods published</li> <li>11,681 Merit Ratings</li> <li>10 Circulars Published</li> </ul> | <ul> <li>183,161 Policy Documents</li> <li>1,968 Financial Calls</li> <li>62,174 Unit Statistical Reports</li> <li>46,895 Indemnity Data Records</li> <li>333,438 Medical Data Transactions</li> </ul> | <ul> <li>-13.85% Annual Loss Cost<br/>Filing Approval</li> <li>\$189 Million Standard<br/>Earned Premium</li> <li>\$50.7 Million Incurred<br/>Losses</li> <li>65.1% Combined Ratio</li> </ul> | <ul> <li>DCRB Partners With Cloverleaf to Launch Unified Data Platform</li> <li>DCRB introduces Informational Bulletins</li> <li>Released Delaware Insurance Plan Manager (DIPM)</li> <li>397 DCRB Carrier members, including 8 new</li> <li>Hires Communications and Marketing Managers</li> <li>Established Project Management Office</li> </ul> | <ul> <li>4 Actuarial Exams</li> <li>1 ACAS credentials</li> <li>8 AMCOMP WCP         Designations</li> <li>1 IDMA Exam</li> <li>1 Certified Foundation         Level</li> <li>1 Masters in Data Science</li> <li>Appointed Chair of National         Society of Insurance         Premium Auditors</li> <li>Appointed Vice-Chair of         EDI Committee of WCIO</li> <li>Completed 154 LinkedIn         Learning Courses</li> </ul> |

# **Premium and Payroll**



#### **Delaware Market Share**

Delaware employers are required to secure their liability through private insurance, the Delaware Workers Compensation Insurance Plan (DIP), self-insurance, or self-insured groups. The Delaware Insurance Plan ("assigned risk" or "residual market") ensures that all employers have a means of meeting their statutory obligation under the workers compensation law. The DCRB collects data from all private insurance carriers that write workers compensation business in Delaware. Employers that choose to apply for self-insured status or join a certified group self-insurance fund are not required to report any data to the DCRB. Therefore, that data is not included in this exhibit

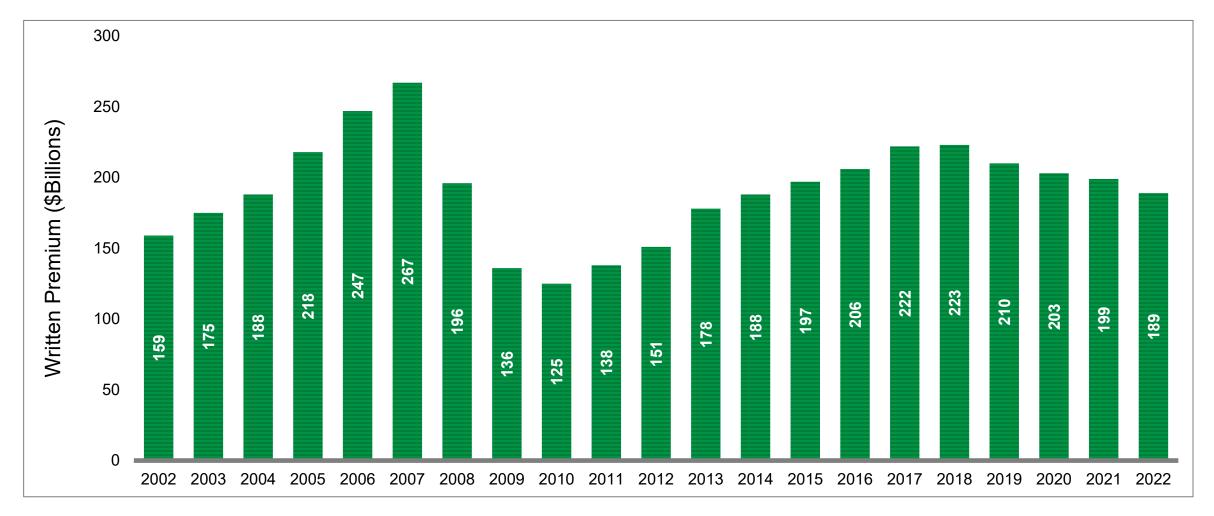


Source: DE 2023 Loss Cost Filing – Calendar Year 2022

## **Workers Compensation Premium**



WC Premium in DE decreased 5% in 2022, indicating a more significant increase in payroll than the 14% decrease in overall loss cost level effective 12/1/21.



## **Top 20 Carrier Groups**



These twenty carrier groups wrote more than 79.5% of the insured market premium in DE in 2022.

| Carrier<br>Group             | Direct Written Premium (\$Millions) | Market<br>Share | Market Share Change from 2021 |
|------------------------------|-------------------------------------|-----------------|-------------------------------|
| HARTFORD INS GROUP           | 19,897,336                          | 10.48%          | 0.51%                         |
| ZURICH U S                   | 13,544,294                          | 7.14%           | -1.48%                        |
| AMTRUST GROUP                | 14,874,293                          | 7.84%           | 1.20%                         |
| DONEGAL INSURANCE GROUP      | 12,044,553                          | 6.35%           | -0.72%                        |
| LIBERTY MUTUAL GROUP         | 9,458,895                           | 4.98%           | 0.22%                         |
| GUARD INSURANCE GROUP        | 5,824,022                           | 3.07%           | -0.01%                        |
| THE TRAVELERS COMPANIES INC  | 11,667,933                          | 6.15%           | -0.03%                        |
| EASTERN ALLIANCE INS GROUP   | 5,953,165                           | 3.14%           | -0.76%                        |
| ACE / CHUBB                  | 7,080,629                           | 3.73%           | -0.40%                        |
| AIG                          | 7,275,300                           | 3.83%           | -0.12%                        |
| PMA INSURANCE + OLD REPUBLIC | 8,596,120                           | 4.53%           | -0.58%                        |
| HARFORD MUTUAL INSURANCE     | 4,701,774                           | 2.48%           | -0.80%                        |
| SELECTIVE INSURANCE GROUP    | 4,961,027                           | 2.61%           | 0.28%                         |
| ARCH CAPITAL GROUP           | 6,923,258                           | 3.65%           | 0.87%                         |
| AMERISAFE INSURANCE GROUP    | 3,042,367                           | 1.60%           | -0.20%                        |
| W R BERKLEY CORPORATION      | 4,205,237                           | 2.22%           | 0.12%                         |
| UPMC HEALTH INSURANCE GROUP  | 3,012,460                           | 1.59%           | -0.54%                        |
| CNA GROUP                    | 2,986,868                           | 1.57%           | -0.33%                        |
| CINCINNATI FIN GROUP         | 2,154,348                           | 1.14%           | -0.01%                        |
| HARLEYSVILLE + NATIONWIDE    | 2,693,052                           | 1.42%           | 0.17%                         |

Source: DE Annual Statements

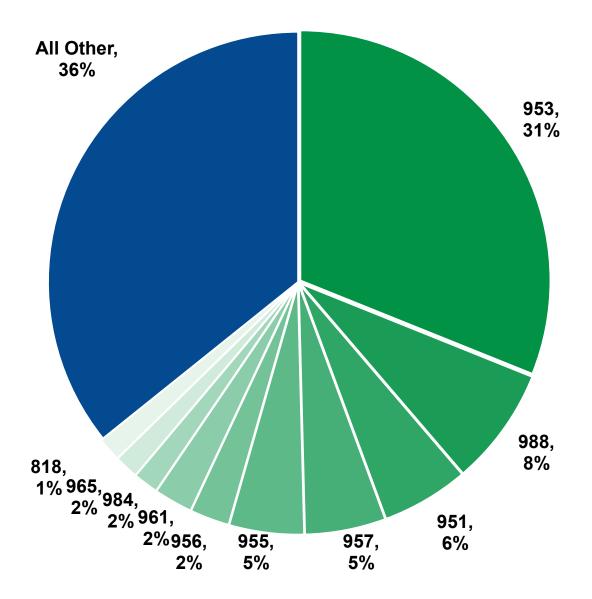
## **Premium Demographics**



Although 70% of risks are in the lowest premium range, 42% of the standard premium is in the highest premium range.

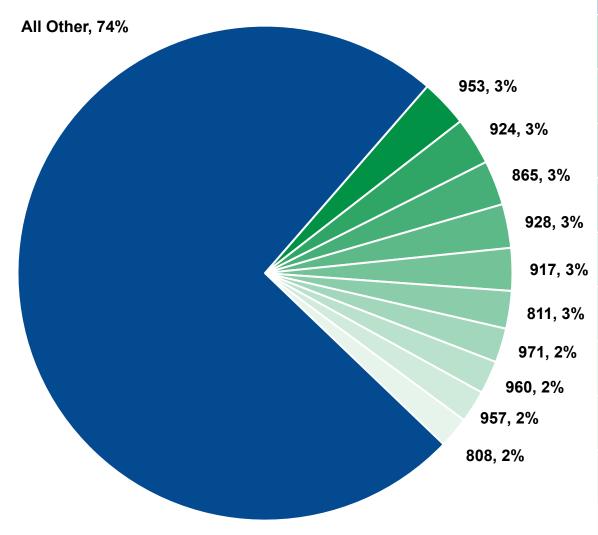
| Number of Risks | Premium Range     | \$ Standard Premium (000) |
|-----------------|-------------------|---------------------------|
| 17,478          | \$0 – 2,499       | \$10,032                  |
| 2,371           | \$2,500-4,999     | \$8,544                   |
| 1,255           | \$5,000-7,499     | \$7,783                   |
| 683             | \$7,500-9,999     | \$5,959                   |
| 791             | \$10,000-14,999   | \$9,671                   |
| 768             | \$15,000-24,999   | \$15,215                  |
| 676             | \$25,000-49,999   | \$24,491                  |
| 426             | \$50,000-99,999   | \$31,677                  |
| 303             | \$100,000-249,999 | \$53,545                  |
| 159             | \$250,000 & above | \$122,114                 |

# Top 10 Classes by Payroll



| Pct | Class                             | Payroll         |
|-----|-----------------------------------|-----------------|
| 36% | All Other Classes                 | \$7,341,376,115 |
| 31% | 953 – Office                      | \$6,382,102,460 |
| 8%  | 988 – Bank                        | \$1,568,643,929 |
| 6%  | 951 - Salesperson - Outside       | \$1,158,837,471 |
| 5%  | 957 - Physician or Dentist        | \$1,072,208,190 |
| 5%  | 955 - Engineering Consulting Firm | \$991,811,889   |
| 2%  | 956 - Law Firm                    | \$525,111,157   |
| 2%  | 961 - Hospitals                   | \$515,552,117   |
| 2%  | 984 - Insurance Company           | \$335,196,052   |
| 2%  | 965 - College or School           | \$320,472,041   |
| 1%  | 818 - Automobile Dealer           | \$318,037,145   |

## Top 10 Classes by Premium



| Pct | Class                                  | Premium       |
|-----|--|---------------|
| 74% | All Other Classes                      | \$197,886,139 |
| 3%  | 953 - Office                           | \$8,263,413   |
| 3%  | 924 – Wholesale Store, N.O.C.          | \$8,262,351   |
| 3%  | 865- Poultry, Fish Dealers/Processors  | \$7,775,062   |
| 3%  | 928 - Retail Store, N.O.C.             | \$7,629,134   |
| 3%  | 917 - Grocery Store                    | \$7,424,127   |
| 3%  | 811 – Trucking, N.O.C.                 | \$6,554,569   |
| 2%  | 971 - Commercial Buildings             | \$5,971,344   |
| 2%  | 960 - Nursing and Convalescent<br>Home | \$5,763,608   |
| 2%  | 957 – Physician or Dentist             | \$5,630,664   |
| 2%  | 808 - Parcel Delivery                  | \$5,432,816   |

# **Pricing Programs**



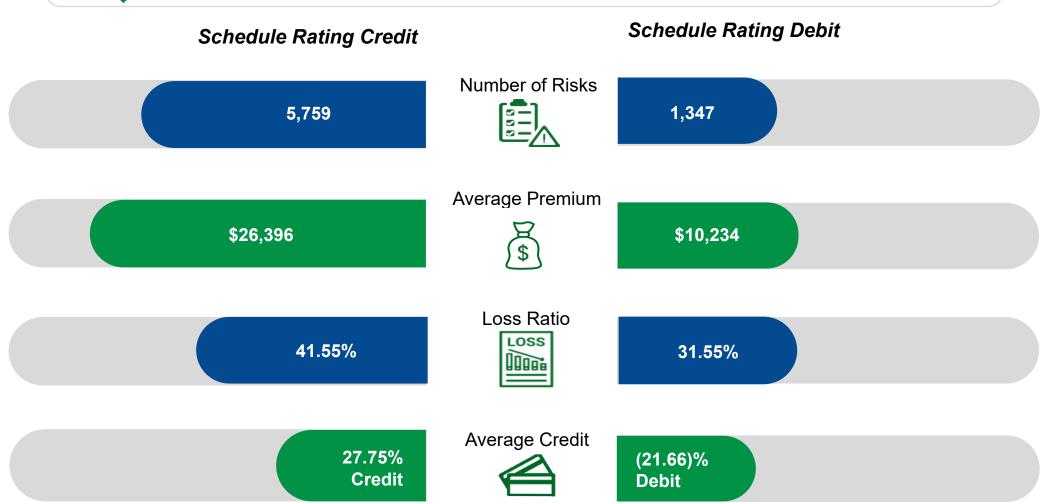
## Premium Adjustment Programs

|                               | Credits   | No Premium<br>Adjustment                               | Debits / Surcharges                            |
|-------------------------------|---|--|--|
| Schedule Rating               | 23% receive average credit of 27.8%                   | 72% do not receive a credit or debit                   | 5% receive average debit of -21.6%             |
| DE Certified<br>Safety Credit | 17% of eligible risks receive average credit of 11.3% | 83% of eligible risks do not participate               | Not Applicable                                 |
| DCCPAP                        | 11% of eligible risks receive average credit of 17.7% | 89% of eligible risks do not participate               | Not Applicable                                 |
| Merit Rating                  | 97.8% of qualified risks receive a 5.0% credit        | 2% of qualified risks do not receive a credit or debit | 0.2% of qualified risks receive a 5% surcharge |

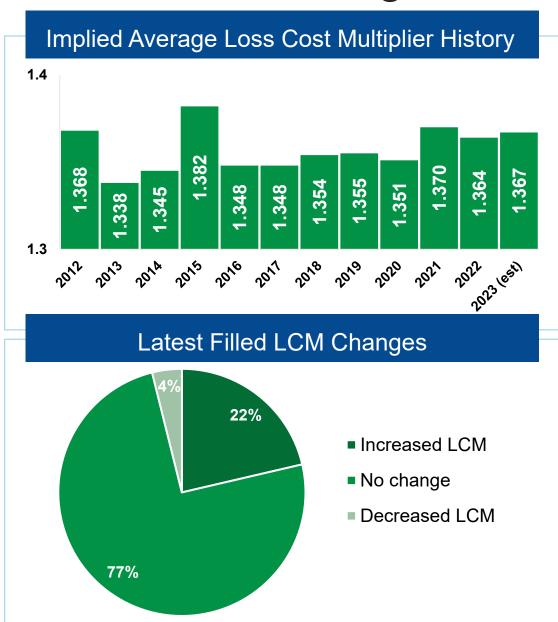
# Schedule Rating Adjustments

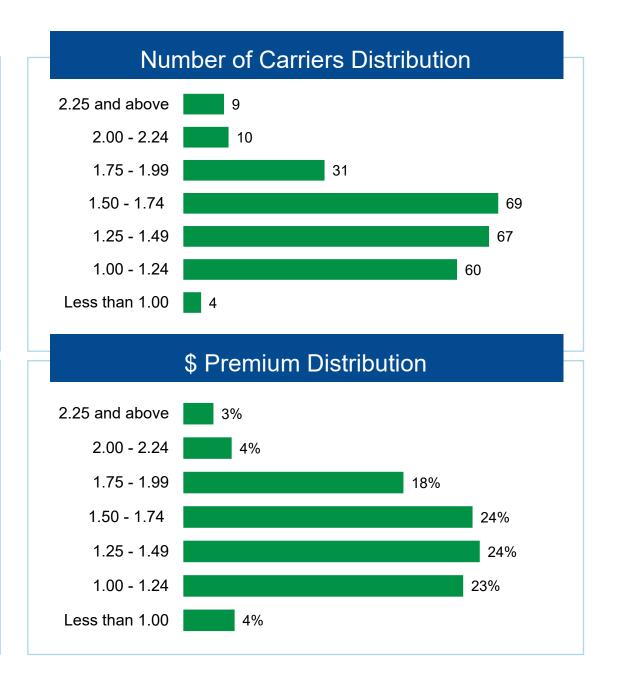


28% of all Risks use Schedule Rating. Of these, 81% receive a credit and 19% receive a debit, for an average overall premium adjustment of 12.9%



#### **Insurance Carrier Pricing**





Source: DF Market Profile

# Claims



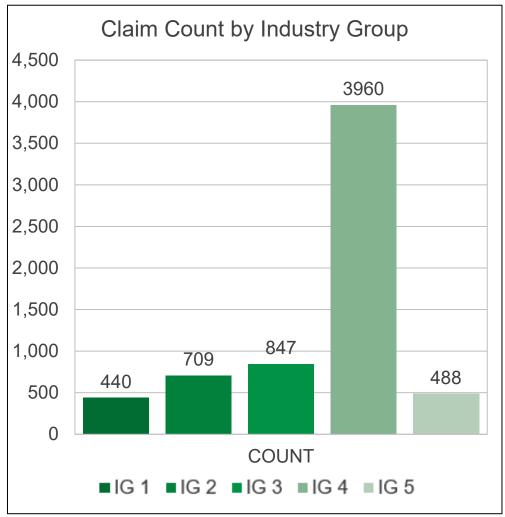
## Claim Counts and Losses by Classification

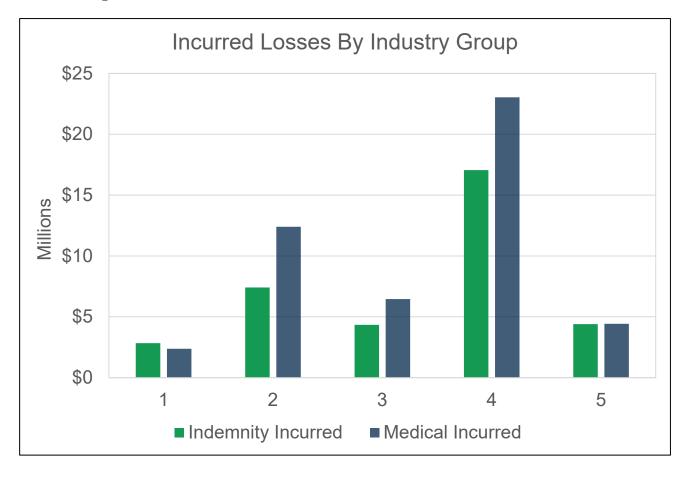
These top 10 classes by lost time represent 34% of claims and 26% of losses

|                                     | Total Cases | Reported Incurred | Avg Loss Incurred |
|-------------------------------------|-------------|-------------------|-------------------|
| 924: Wholesale Store, N.O.C.        | 105         | \$3,392,974       | \$32,314          |
| 917: Grocery Store                  | 99          | \$2,548,118       | \$25,739          |
| 928: Retail Store, N.O.C.           | 94          | \$3,544,106       | \$37,703          |
| 808: Parcel Delivery Company        | 89          | \$2,329,608       | \$26,175          |
| 975: Restaurant, N.O.C.             | 81          | \$1,524,107       | \$18,816          |
| 942: Home Health-Professional Staff | 53          | \$1,690,519       | \$31,897          |
| 818: Automobile Dealer              | 49          | \$1,854,217       | \$37,841          |
| 971: Commercial Buildings           | 48          | \$2,649,414       | \$55,196          |
| 941: Social Rehabilitation Facility | 46          | \$1,064,990       | \$23,152          |
| 897: Fast Food Restaurant           | 45          | \$874,320         | \$19,429          |
| All Other Classes                   | 1,394       | \$61,476,805      | \$44,101          |
| Total                               | 2,103       | \$82,949,178      | \$39,443          |

## Injury Group Distribution of Indemnity Claims

Group 1- Manufacturing Group 2- ConstructionGroup 3- Office & Clerical Group 4- Stores & DealersGroup 5- Transportation







Although Industry Group 4 has the most claims by count, indemnity incurred, and medical incurred, it has the lowest average cost per claim at \$10,124/claim

## **Injury Description Distribution**



- The most expensive part of body on average is 'body system' (\$125,388/ claim). This is followed by multiple body parts (\$27,724/claim)
- The average cost per claim shoulders, for lower back, and knees \$24k, \$17k, and \$18k, respectively.

#### Top 10 Injuries by **Total Claim Count**

Shoulder(s)—5.9%

Top 10 Injuries by **Total Losses** 

Shoulder(s)—9.7%

Multiple Body Parts—5.9%



Lower Back Area—10.2%

Wrist—3.9% Hand—6.7% Finger(s)—10.3% Thumb—2.9%





Body System—9.7%

Multiple Body Parts—11.1%

Lower Back Area—11.6%

Wrist—3.3% Hand—2.7% Finger(s)—4.9%

Knee—7.7%





Knee—9.6%

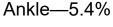


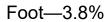
Lower Leg—3.6%



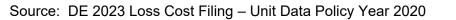
Ankle—4.6%



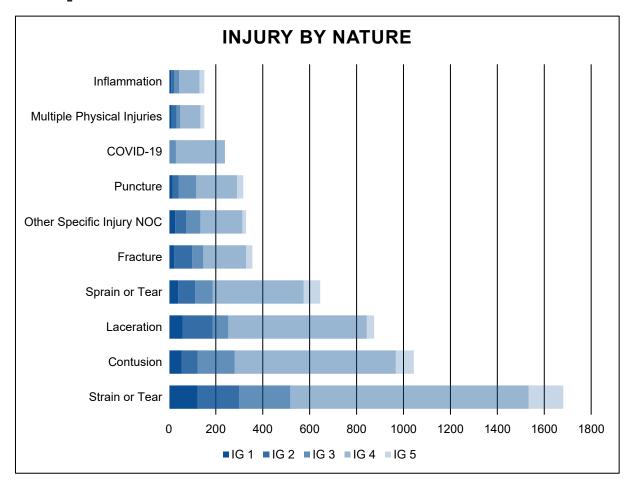


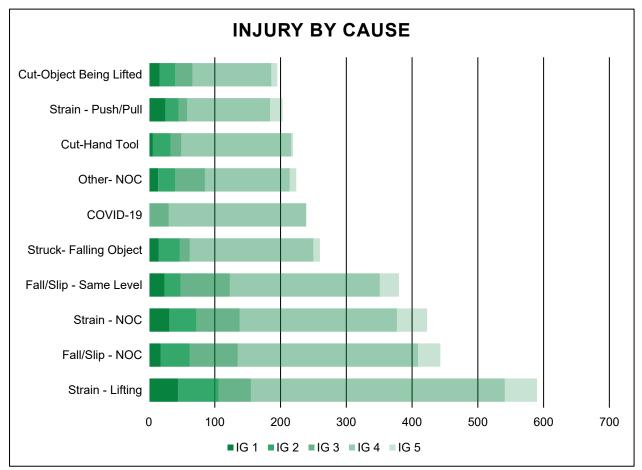






#### Top 10 Nature and Cause of Claims





Group 1- Manufacturing Group 2- Construction Group 3- Office & Clerical Group 4- Stores & Dealers Group 5- Transportation

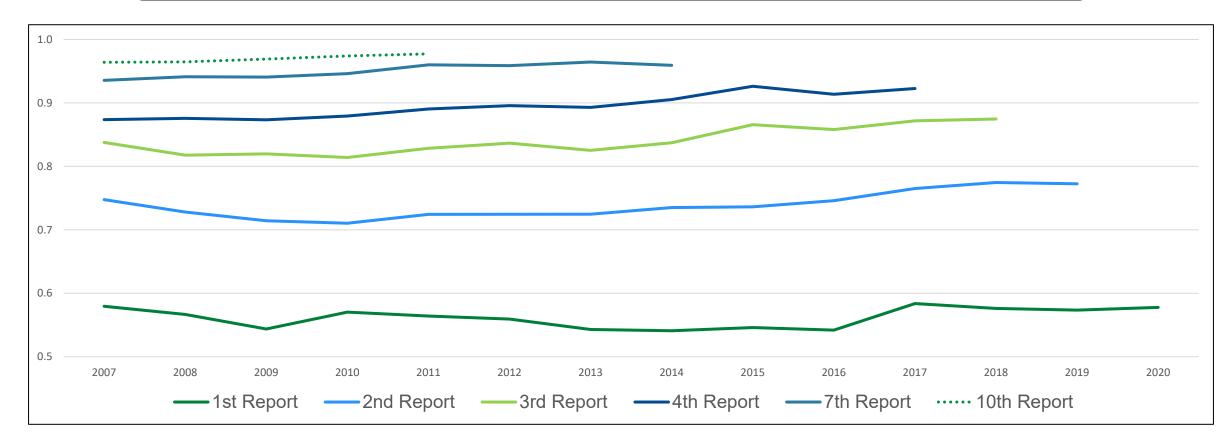


COVID-19 was a new categorization in cause and nature codes this year in response to the pandemic. As a result, it is in the top 10 most common codes reported for both lists.

#### Claim Closure Rates



Claim closure rates continue to rise across all reporting levels except 7<sup>th</sup> report.

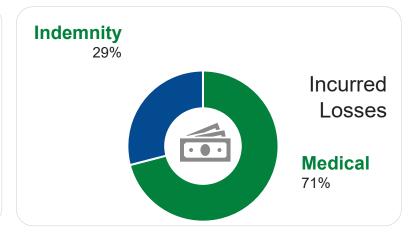


Source: DE 2024 Loss Cost Filing, Unit Data

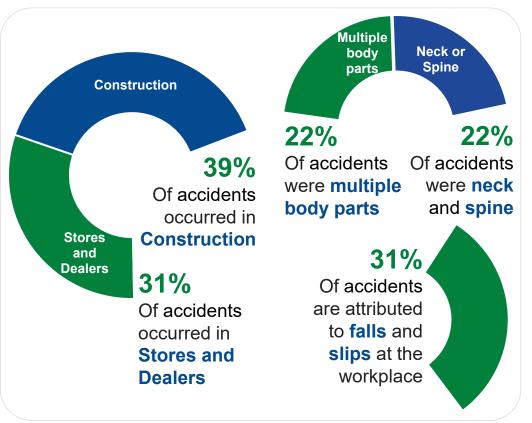
## Mega Claim Overview of Characteristics

The DCRB performed an analysis of very large workers compensation claims as a part of a collaborative research effort with other DCO's. These DE claims were defined as total incurred losses exceeding \$3 million on an inflationadjusted basis. They were categorized by specific categories of industries, types of claims, part of body injured, cause of injury, and nature of injury.

36
Mega claims
reported for accident
years 2002 - 2021



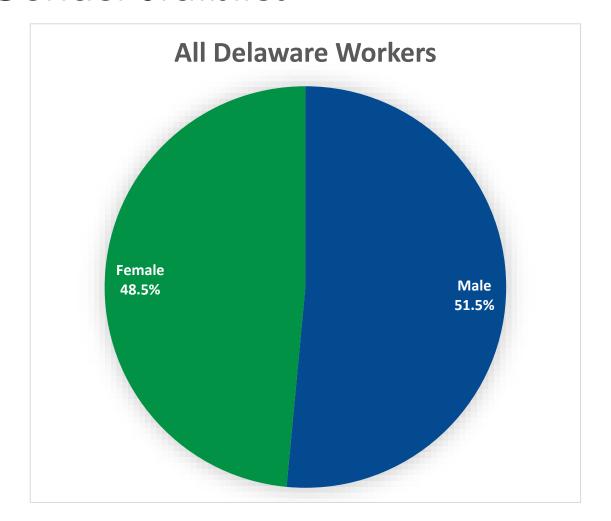
#### Average claim value of \$3.01 million

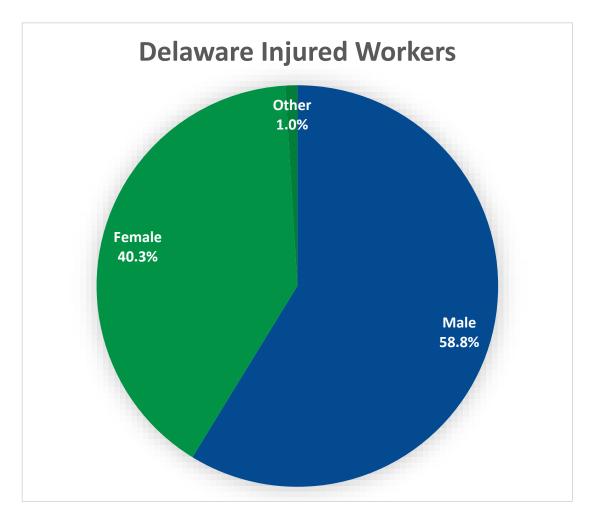


# **Indemnity Data**



#### Gender Statistics

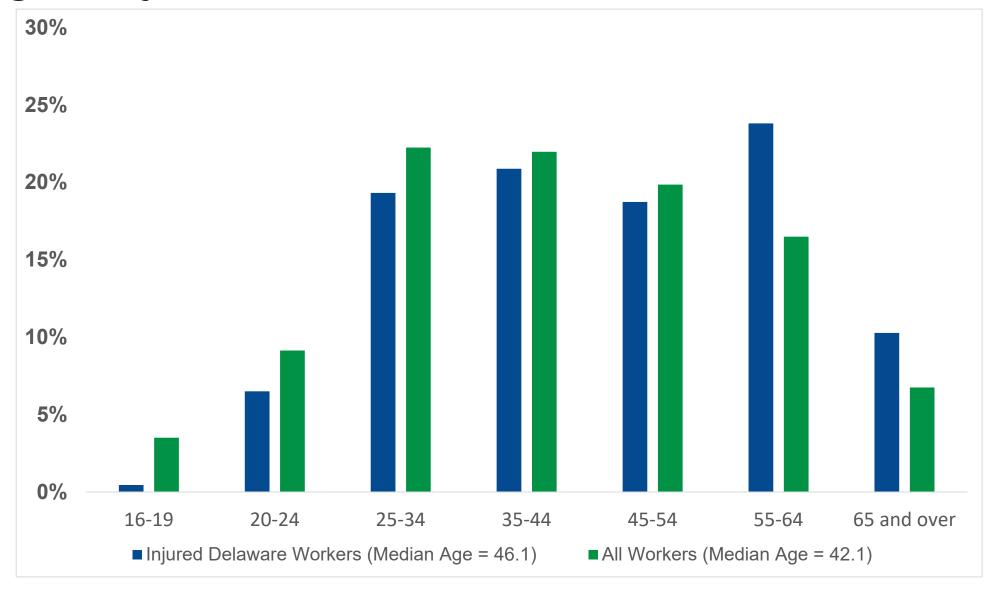






Male workers were 18% more likely to be injured in Delaware in 2022 than female workers.

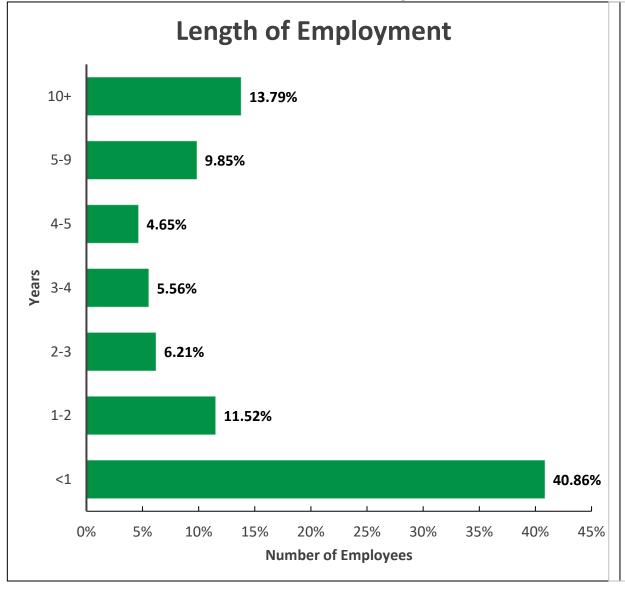
#### Age of Injured Worker

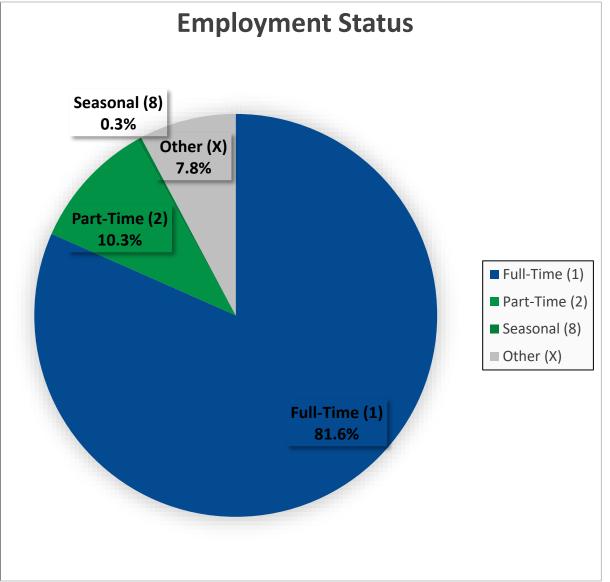




The median age of injured DE workers is 4 years higher than the median age of all workers.

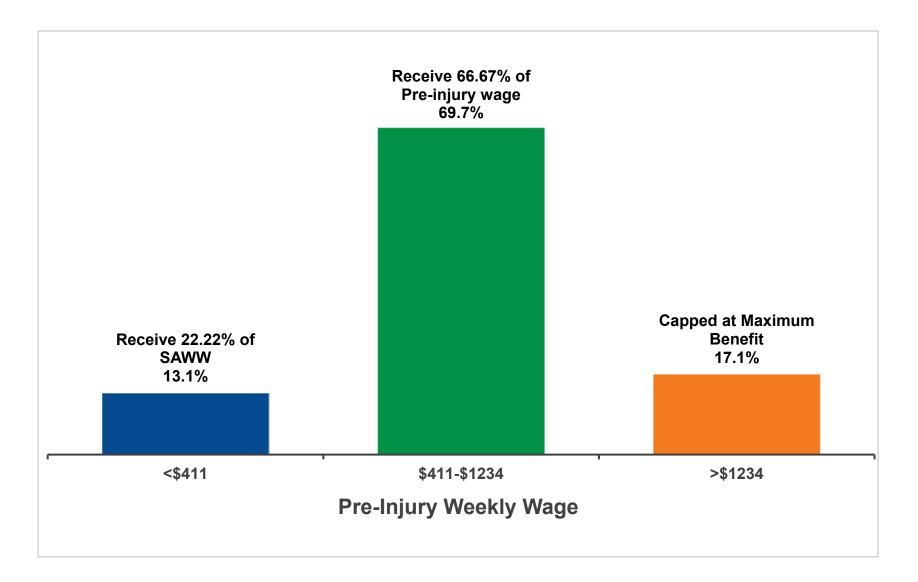
## **Characteristics of Injured Workers**





Source: DE Indemnity Data Call—Accident Year 2022

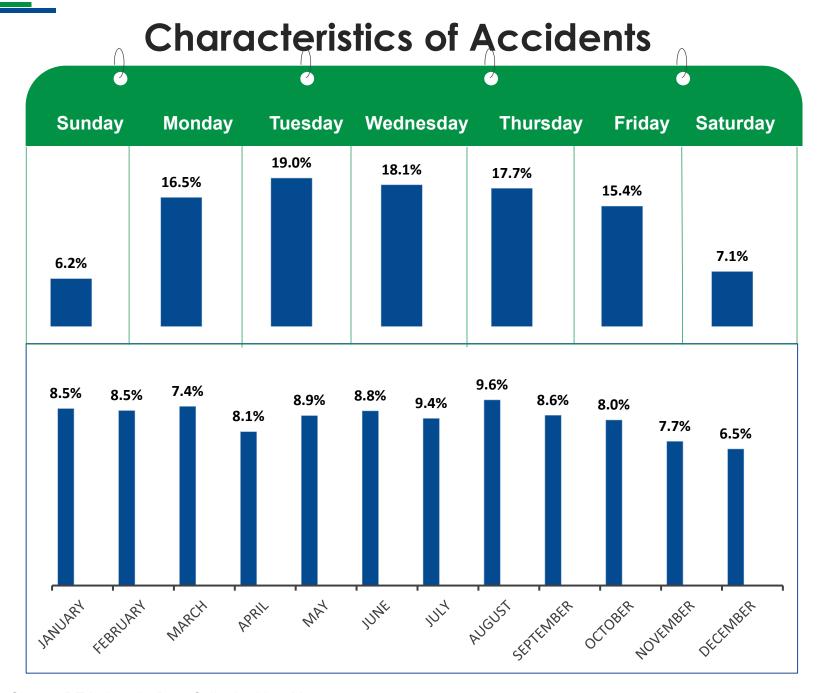
#### Injured Workers Wages and Benefit Levels





Under the Workers' Compensation Act, injured workers are entitled to indemnity benefits equal to two-thirds of their weekly wage for a work-related injury. However, there are minimum and maximum adjustments provided in the Act, and the benefit rate is set using the annual maximum in place at the time of injury.

State Average Weekly Wage in Delaware was \$1,234 effective 1/1/22, this was an increase of 3.1% from the previous year.



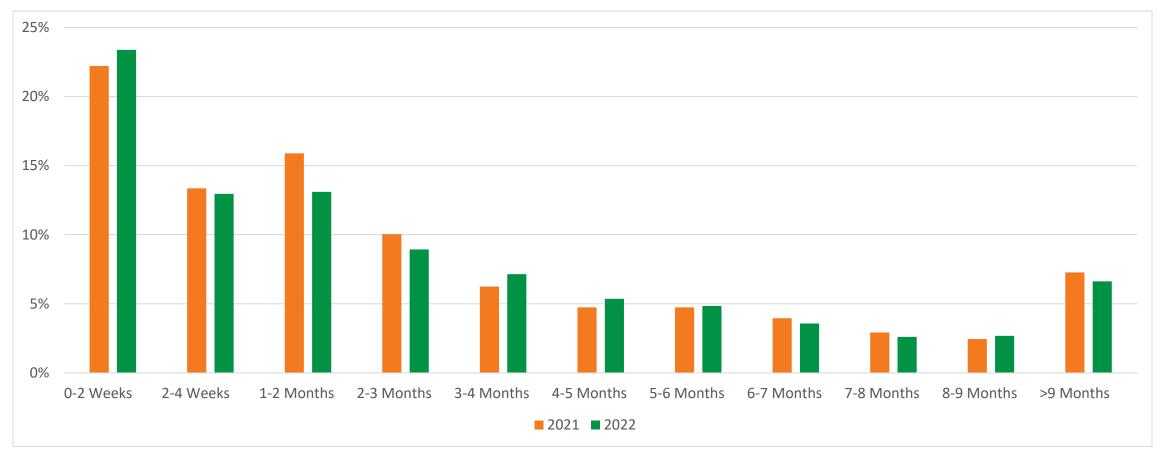


| Pennsylvania  | 1.87% |
|---------------|-------|
| New Jersey    | 0.8%  |
| All Other     | 0.9%  |
| New York      | 0.3%  |
| Ohio          | 0.5%  |
| West Virginia | 0.0%  |
| Delaware      | 93.9% |
| Maryland      | 0.2%  |
|               |       |

#### **Duration of Indemnity Claims**



Duration of indemnity payments has decreased for accidents occurring in 2022 compared to 2021 except for a slight improvement in claims lasting 0-2 weeks and claims lasting 5-6 months.

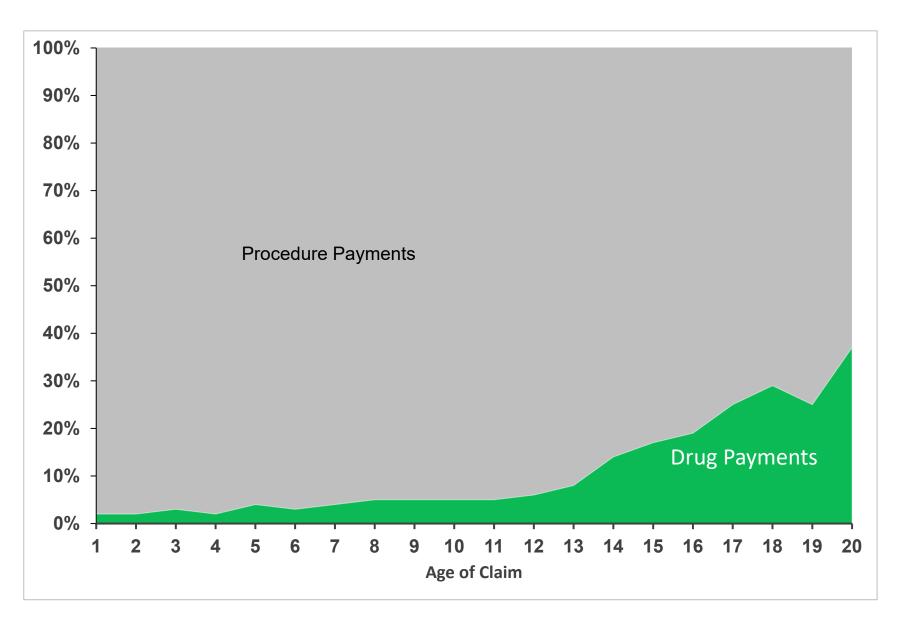


Source: DE Indemnity Data Call—Accident Years 2021 -2022

# **Medical Data**



#### **Medical Cost Breakdown**

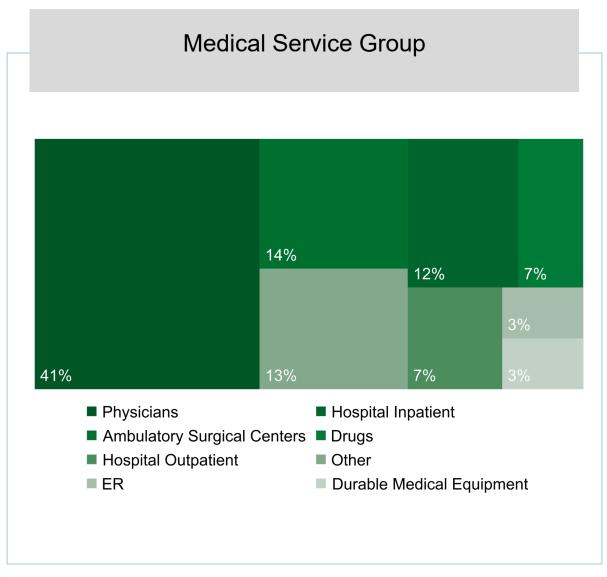


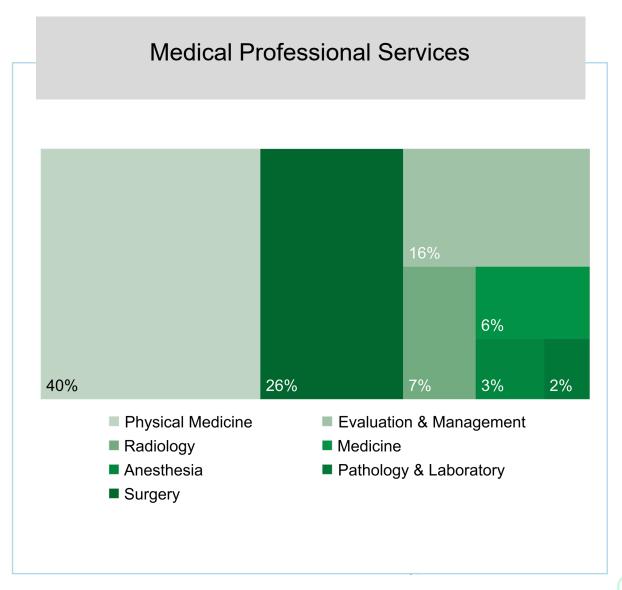


93% of all medical dollars are attributed to procedures, while 7% are due to drug costs.

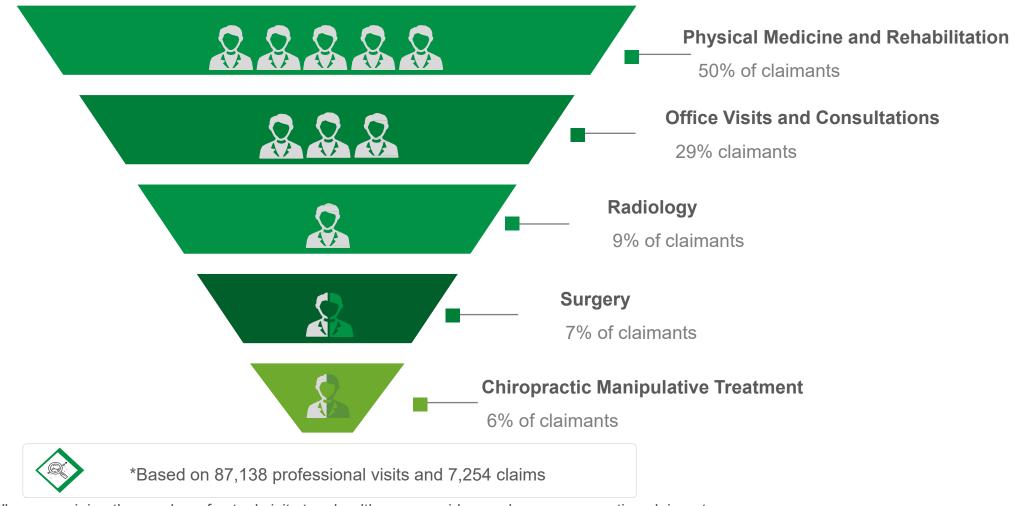
As the age of workers' compensation claims grows, payments for maintenance medications become a more significant portion of the total medical spend.

#### **Medical Services Breakdown**



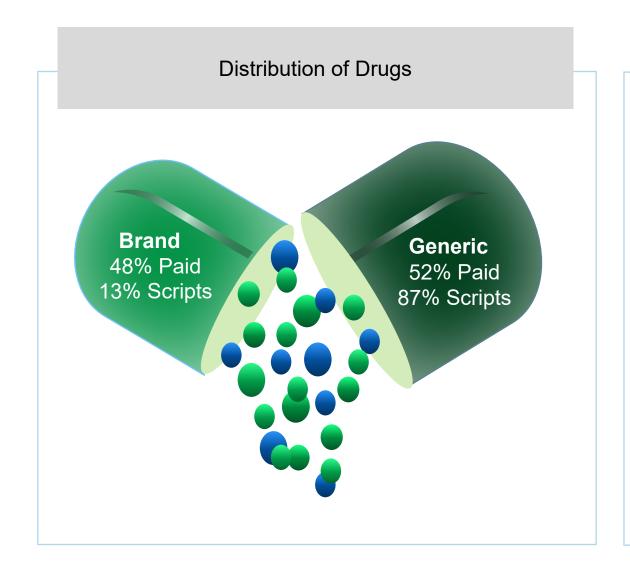


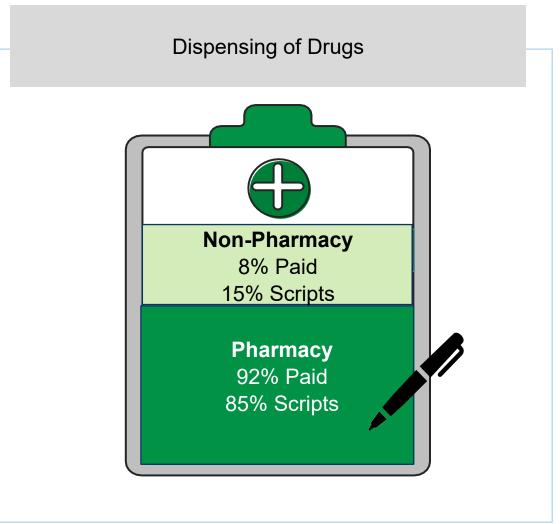
#### **Medical Visits Per Claim**



\*When examining the number of actual visits to a health care provider, workers compensation claimants appear to visit physical medicine and rehabilitation providers more frequently than any other health care provider.

## **Prescription Drug Dispensing**





#### **Prescription Drugs**

The volume of drugs prescribed to workers compensation claimants continues to grow. This is a distribution of these prescription drugs organized by the **Controlled Substance Act Schedule**, which is based on potential of abuse.



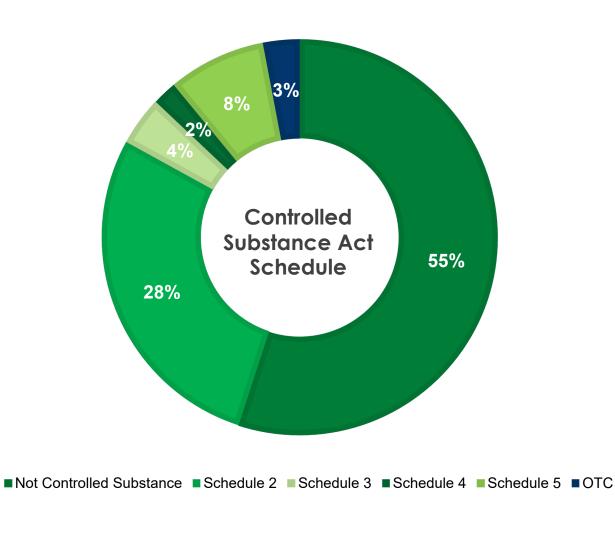
#### Schedule II

- High potential for abuse
- Some accepted uses In the U.S.
- Abuse leads to physical and/or psychological dependence and is considered dangerous.



#### Schedule IV

- o Relatively low potential for abuse.
- Have accepted medical uses in the U.S.
- Abuse leads to limited dependence.





#### Schedule III

- Potential for abuse, but lower than previous categories.
- o There are accepted medical uses.
- Abuse can lead to mild physical dependence or great psychological dependence.



#### Schedule V

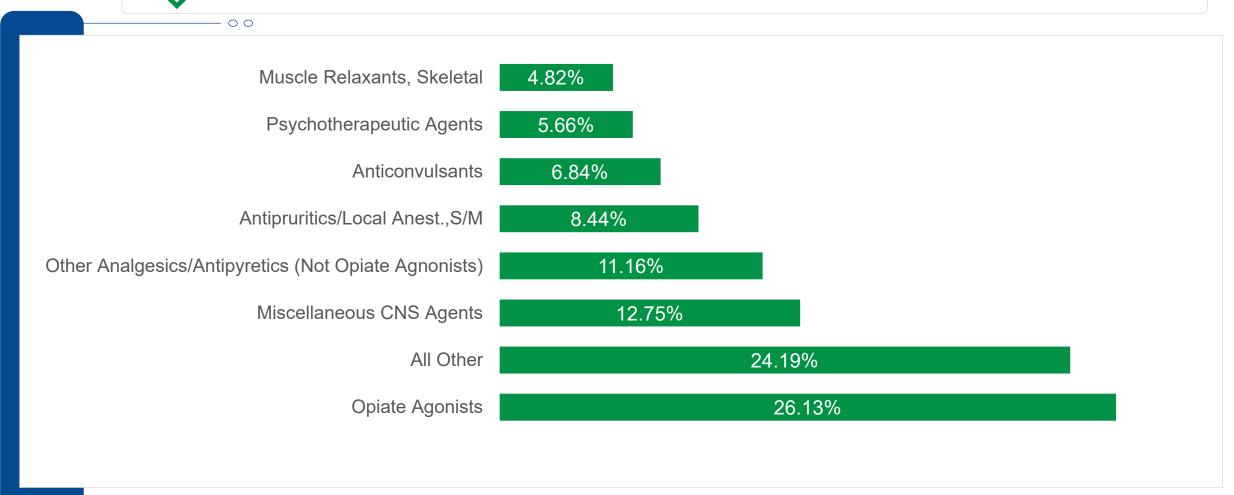
- Low potential for abuse.
- Have accepted medical uses in the U.S.
- Abuse may lead to limited dependence.

#### **Prescription Drugs**

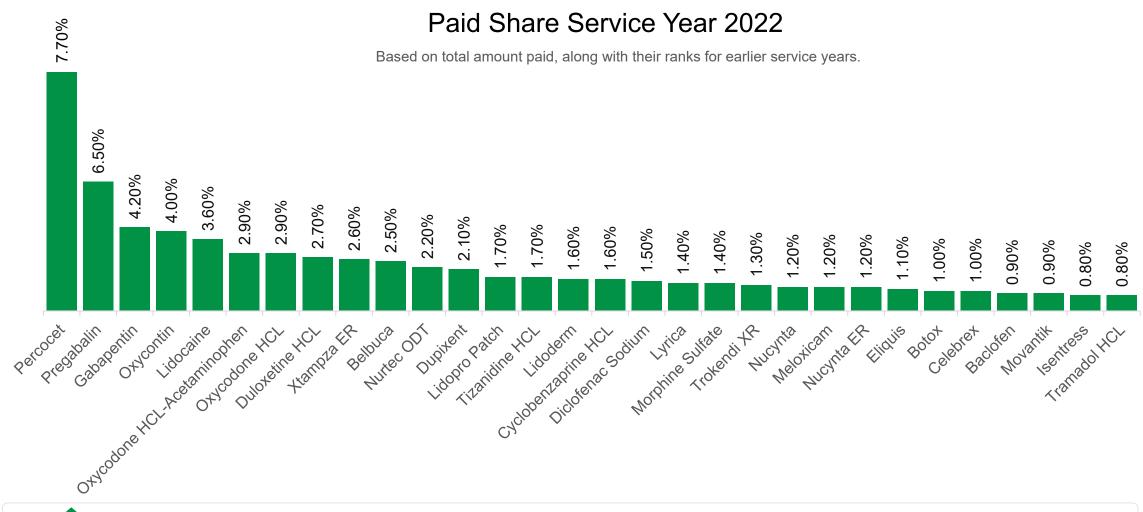
#### Therapeutic Classifications



Opiate Agonists remains the most prevalently prescribed drug class. Miscellaneous CNS Agents has replaced Analgesics/Antipyretics as the third most prevalently prescribed drug class.



#### **Prescribing Patterns**





Opioids continue to be the top cost driver drugs. Lyrica went off patent in June 2019, which caused the increasing trend in its generic version Pregabalin.

## Top 30 Drugs



From 2018 to 2022, the DCRB observed a significant decrease in the prevalence of Opioids. Prescription counts dropped by 51.4%, while the overall paid amount fell by 55.4%. Seven of the top 30 drugs are opioids, which are highlighted below.

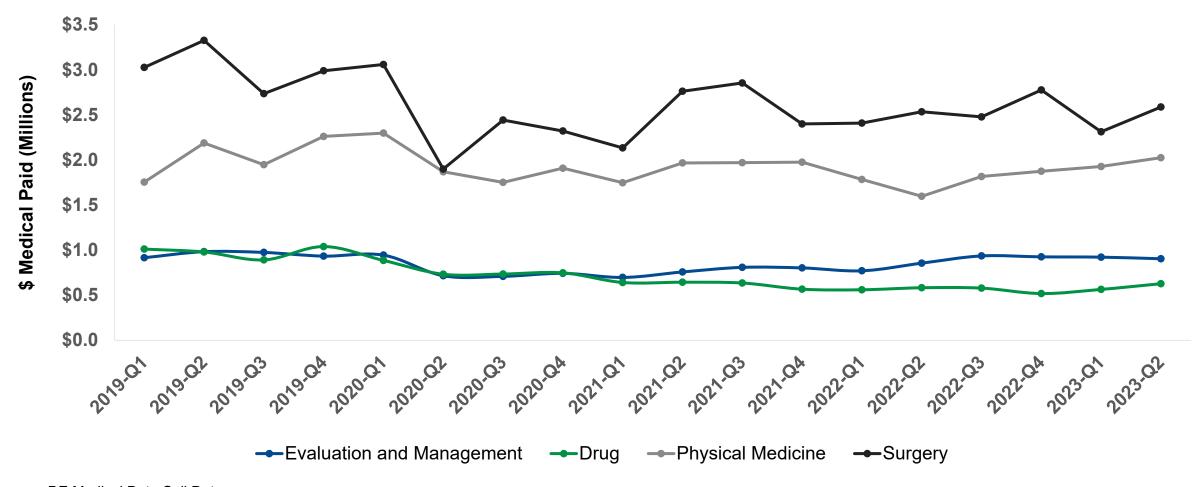
| Drug Name      | Rank By Service Year |      |      |      |      |
|----------------|----------------------|------|------|------|------|
|                | 2022                 | 2021 | 2020 | 2019 | 2018 |
| Percocet*      | 1                    | 2    | 3    | 8    | 7    |
| Pregabalin     | 2                    | 3    | 2    | n/a  | n/a  |
| Gabapentin     | 3                    | 4    | 4    | 4    | 4    |
| Oxycontin*     | 4                    | 1    | 1    | 1    | 1    |
| Lidocaine      | 5                    | 5    | 5    | 6    | 6    |
| Oxycodone HCL- | 6                    | 8    | 7    | 5    | 5    |
| Acetaminophen* | O                    | 0    | 1    | 3    | 3    |
| Oxycodone HCL* | 7                    | 7    | 6    | 3    | 3    |
| Duloxetine HCL | 8                    | 6    | 9    | 14   | 10   |
| Xtampza ER     | 9                    | 18   | 35   | 48   | 58   |
| Belbuca        | 10                   | 11   | 18   | 46   | 73   |
| Nurtec ODT     | 11                   | n/a  | n/a  | n/a  | n/a  |
| Dupixent       | 12                   | n/a  | n/a  | n/a  | n/a  |
| Lidopro Patch  | 13                   | 9    | 11   | 27   | 23   |
| Tizanidine HCL | 14                   | 12   | 13   | 15   | 12   |
| Lidoderm       | 15                   | 13   | 15   | 22   | 26   |

| <b>Drug Name (continued)</b> | Rank By Service Year |      |      |      |      |
|------------------------------|----------------------|------|------|------|------|
|                              | 2022                 | 2021 | 2020 | 2019 | 2018 |
| Cyclobenzaprine HCL          | 16                   | 14   | 10   | 11   | 9    |
| Diclofenac Sodium            | 17                   | 10   | 8    | 7    | 8    |
| Lyrica                       | 18                   | 16   | 19   | 2    | 2    |
| Morphine Sulfate*            | 19                   | 19   | 21   | 19   | 13   |
| Trokendi XR                  | 20                   | 24   | 28   | 26   | n/a  |
| Nucynta*                     | 21                   | 17   | 16   | 16   | 15   |
| Meloxicam                    | 22                   | 15   | 17   | 17   | 16   |
| Nucynta ER*                  | 23                   | 28   | 40   | 34   | 29   |
| Eliquis                      | 24                   | n/a  | n/a  | n/a  | n/a  |
| Botox                        | 25                   | n/a  | n/a  | n/a  | n/a  |
| Celebrex                     | 26                   | 29   | 29   | n/a  | n/a  |
| Baclofen                     | 27                   | 23   | 24   | 29   | 28   |
| Movantik                     | 28                   | n/a  | n/a  | n/a  | n/a  |
| Isentress                    | 29                   | n/a  | n/a  | n/a  | n/a  |
| Tramadol HCL                 | 30                   | 25   | 25   | n/a  | n/a  |

#### Medical Payments by Category



There is a decrease in medical payments for all categories in early 2020. All categories remain lower than pre-pandemic levels, except for Evaluation and Management, by second quarter 2023.

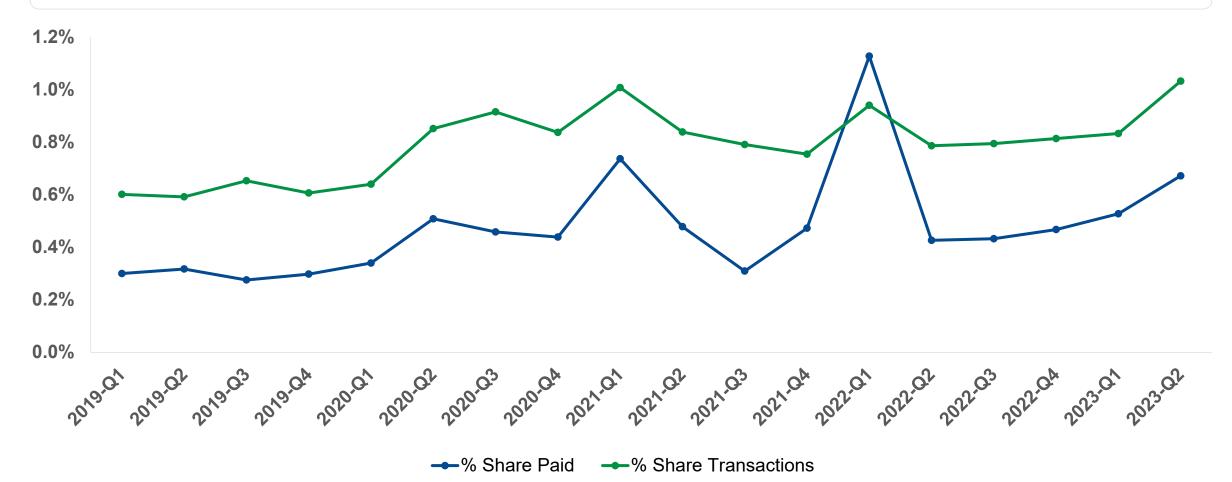


Source: DE Medical Data Call Data

#### Medical Payments for Mental Health Claims



Claims including mental health procedures have become more prevalent since the pandemic and remain above pre-pandemic levels in 2023-Q2. Medical payments for mental health saw drastic increases in first quarter 2021 and 2022.

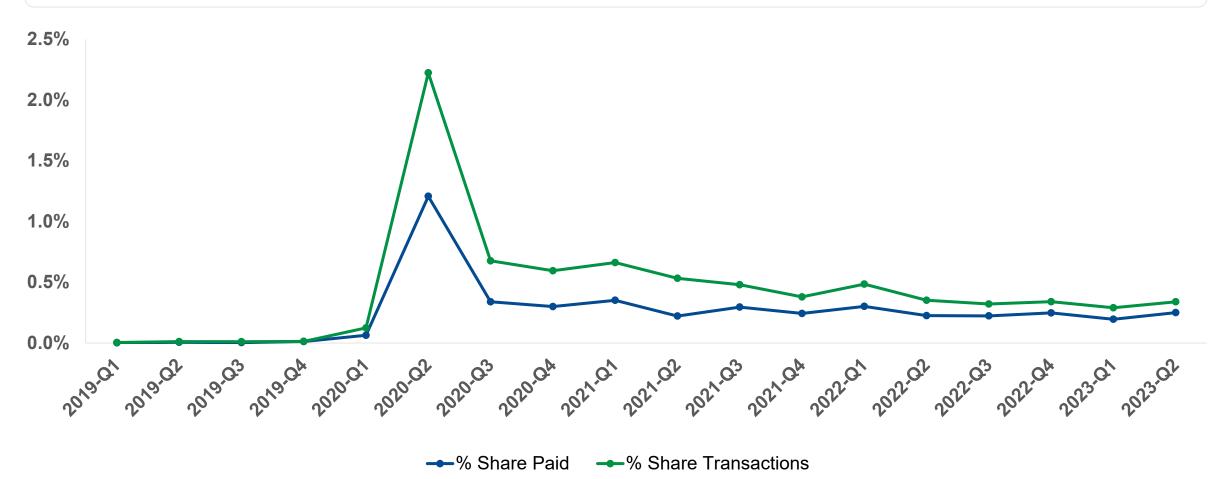


Source: DE Medical Data Call Data

## **Medical Payments for Telemedicine**



Telemedicine activity was reported at higher levels during 2020 due to the pandemic reaching 1,297 transactions in 2020-Q2. Since the spike, levels have normalized higher than pre-pandemic telemedicine increasing to over 200 transactions per quarter from less than 15 transactions per quarter.

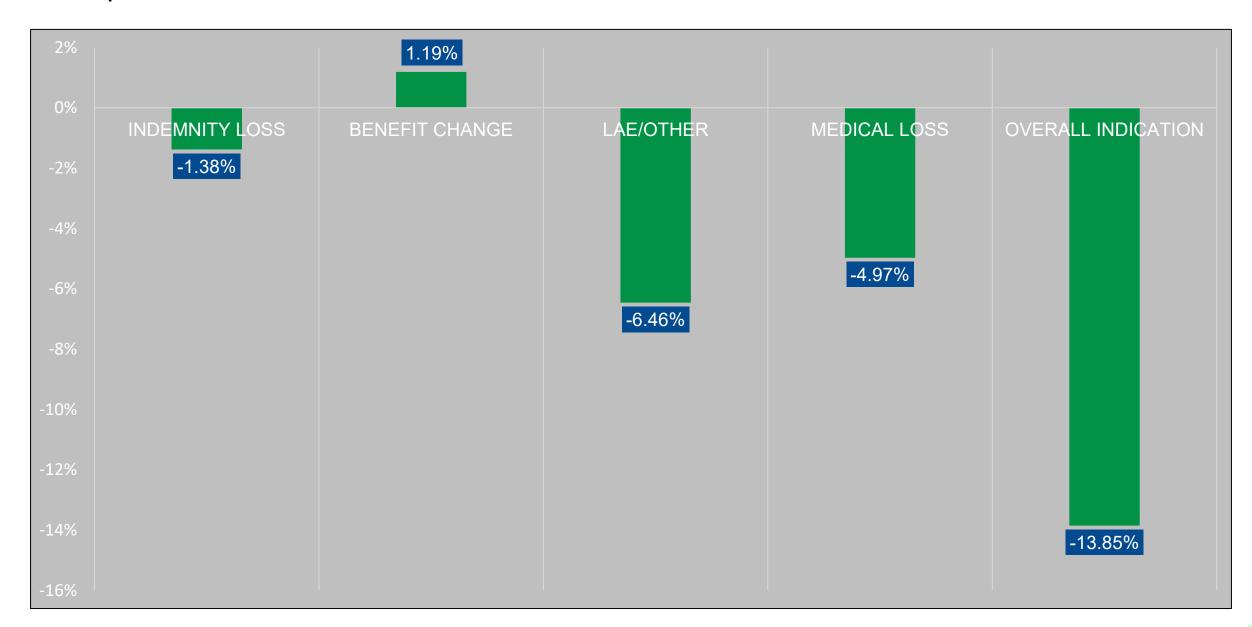


Source: DE Medical Data Call Data

# **Loss Cost Filing Information**

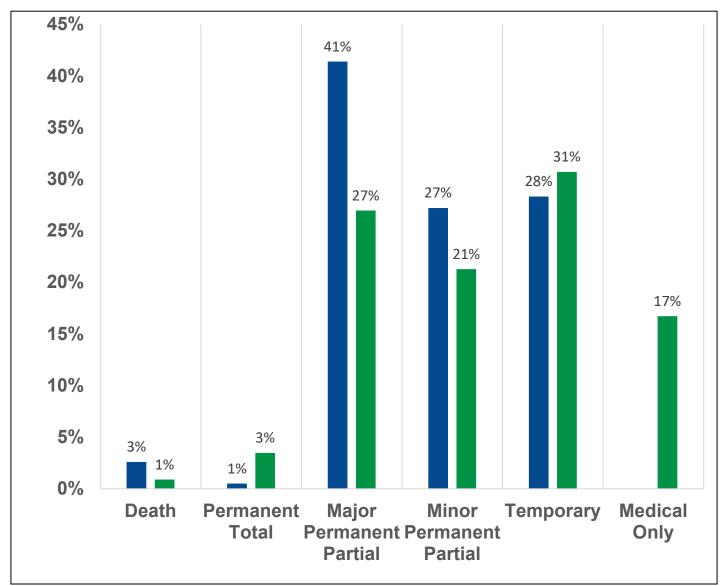


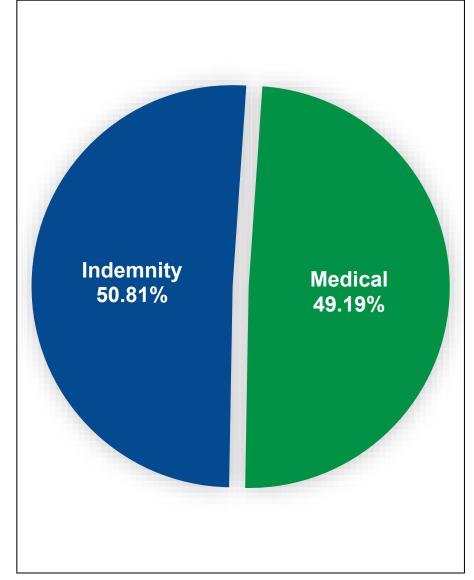
## Components of 2023 Indication



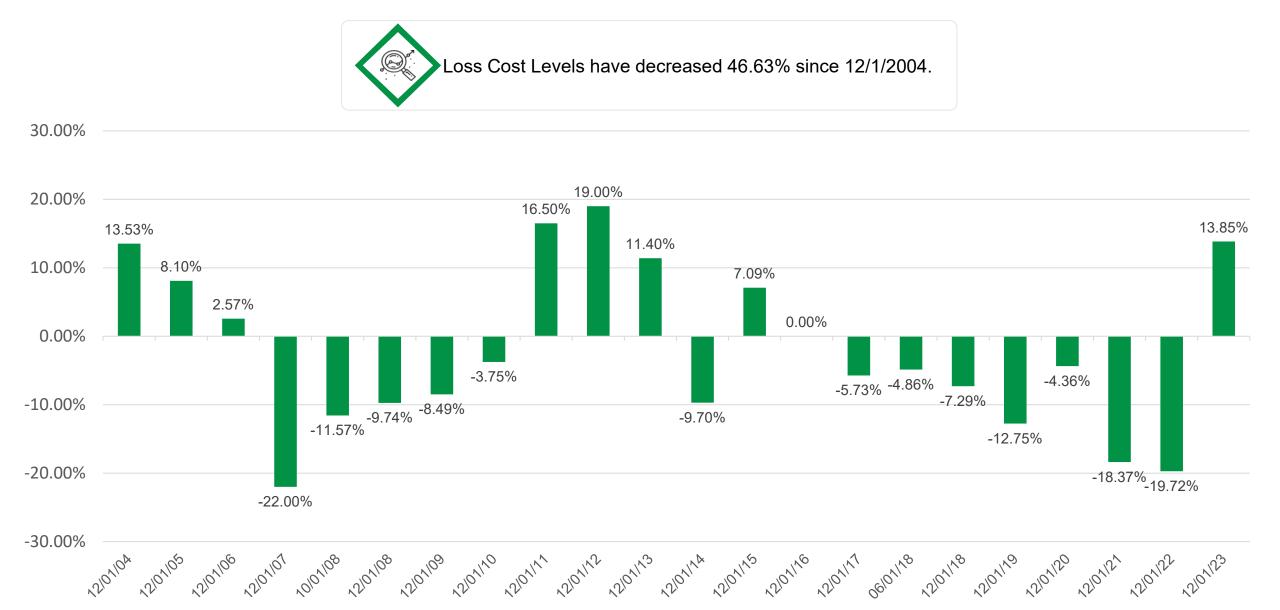
Source: DE 2024 Loss Cost Filing

## Indemnity/Medical Splits



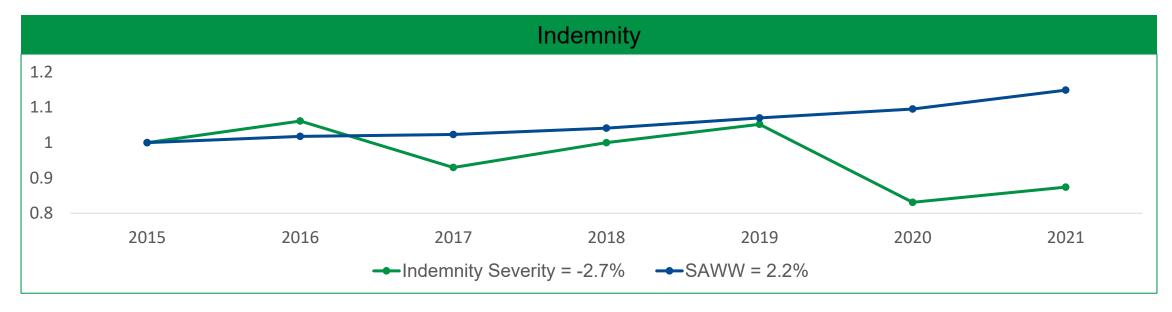


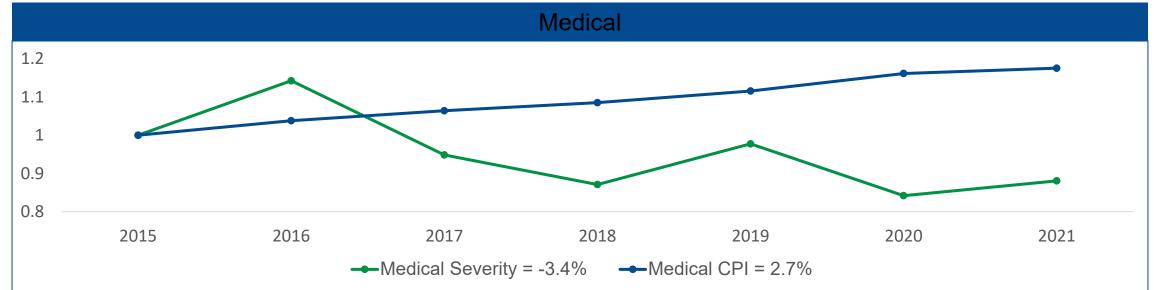
## **History of Loss Cost Changes**



Source: DE 2024 Loss Cost Filings: 2004-2024

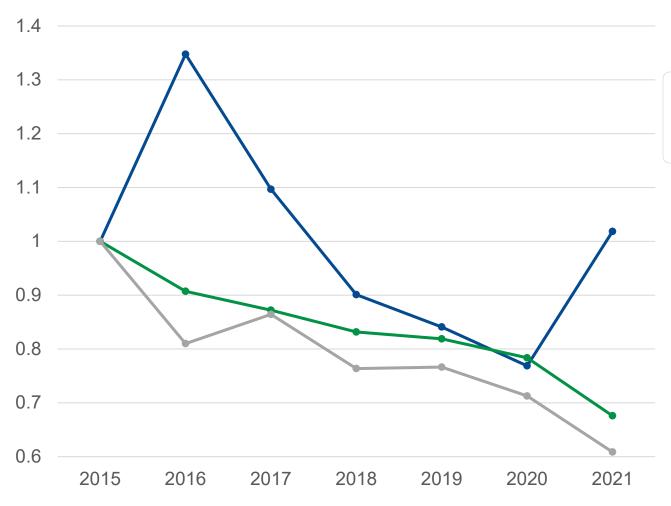
## **Trends in Average Cost**





Source: DE 2024 Loss Cost Filing, Financial Data

## **Frequency Trend**



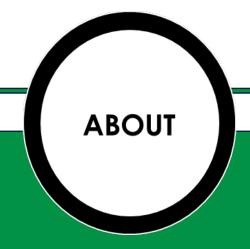


Frequency trend for all industries is -5.93%. This continues the downward long-term frequency trend that has been observed for more than 20 years.



Source: DE 2024 Loss Cost Filing, Unit Data





# TRUSTED | ESSENTIAL | OBJECTIVE

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